



NEMO WORKFORCE INVESTMENT BOARD

On-the-Job Training Program

Training Operator	Contact Person:	Training Operator Telephone Number
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Initial Contract
 Modification

Employer	Account # or FEIN:
Address:	Number of Employees (all locations)
Contact Person (Employer):	Contact Person Telephone Number:
Workmen's Comp/Liability Carrier	Workmen's Comp Policy #

This training agreement is entered into between the _____, hereinafter called the **On-the-Job Training Operator**, and _____, hereinafter called the **Employer**. The parties hereto agree that the **Employer** will employ _____ workers and provide full-time, on-the-job training services in accordance with the training outline, which is attached and made a part hereof. The **Employer** will receive a total fixed price in an amount not to exceed \$_____ in consideration for training services provided during the period beginning _____ and ending _____. Such amount will be paid pursuant to the terms and conditions set forth under the General Assurances outlined within this agreement ("ON-THE-JOB TRAINING GENERAL ASSURANCES"). Individuals employed under this agreement must be certified as being eligible prior to employment by the **Training Operator**. All participants under this program must be hired by the **Employer** within thirty (30) days after the effective date of this agreement and any authorized replacements for terminated participants must be hired within thirty (30) days after said terminations, unless an extension in writing is granted. A "Monthly Progress Report/Invoice" covering the prior month's activities, along with other information as required for reimbursement purposes, must be submitted by the **Employer** to the **Training Operator** by the fifth working day of the following month. A form for this purpose will be furnished by the **Training Operator**.

EMPLOYER ATTESTATION OF WORKFORCE STATUS

a. The **Employer** attests upon entering this agreement that the training position(s) have not been relocated from any of its assets within the United States within the prior 120 days. b. The **Employer** attests upon entering this agreement that it has: 1) attempted recall on all employees on active layoff of less than 365 days, and/or 2) not given notice of layoff from the same, or any substantially equivalent, position.

Authorized Signatures	Employer Signature	Date
	Type/Print Name	Title
	Authorized Training Operator Signature	Date
	Type/Print Name	Title
	WIB Director or Representative Signature	Date
	Type/Print Name	Title